

**COMMONWEALTH OF MASSACHUSETTS**

Commission Against Discrimination

One Ashburton Place, Room 601

Boston, MA 02108

(617) 994-6000

(617) 994-6024 fax

\*\*\*\*\*

Case Name: \_\_\_\_\_

Docket No: \_\_\_\_\_

Date: \_\_\_\_\_

Answers Due by: \_\_\_\_\_

*For Internal Use Only*

\*\*\*\*\*

**FOR COMPLAINANT:  
QUESTIONNAIRE AND DOCUMENT REQUESTS ON  
FAILURE TO HIRE**

1. Please state the position that you applied for, how you learned about it and the date that you applied for the position.

---

---

---

---

---

2. Please state the job duties and qualifications of the position that you applied for and a copy of the job posting or advertisement, if any.

---

---

---

---

---

3. Please state whether you sent in a resume and cover letter or filled out an application and if you can, please submit a copy of them to the Commission.

---

---

---

4. Please state if you were interviewed for the position and if you know, list the names of those who interviewed you.

---

---

---

---

---

5. Please list the names of those who you believe were involved with the decision not to hire you, and their involvement in making the decision.

---

---

---

---

---

6. If you know, please describe the selection process that was used in deciding who was interviewed and/or who was hired.

---

---

---

---

---

7. Please state why you believe you were not chosen for the position and submit any documents or other proof you have to support your allegations.

---

---

---

---

---

8. Please state if you know the person(s) who was eventually selected for the position, and provide their name if possible.

---

---

---

9. Please state why you were more qualified for the position than the person who received the position.

---

---

---

---

---

10. Please state the reason given to you by your employer as to why you were not selected for the position.

---

---

---

---

---

In addition to the documents already requested, please provide us with the following:

- ✓ 

---
- ✓ 

---
- ✓ 

---
- ✓ 

---
- ✓ 

---

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

***Please mail or fax your answers and supporting documents to:  
Keith Healey / Tania Taveras at:***

***MCAD, One Ashburton Place, Room 601, Boston MA 02108 Fax: (617) 994-6040***